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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DO/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office		Attorney Docket Number	3161-18-PUS
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			First Named Inventor	BERRY, Alan
			<i>COMPLETE IF KNOWN</i>	
			Application Number	09/341,600
			Filing Date	
			Group Art Unit	
			Examiner Name	

As below named inventor, I hereby declare that::

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed for which a patent is sought on the invention entitled:

"PROCESS FOR PRODUCTION OF N-GLUCOSAMINE"

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 14 January 1998 as United States Application Number or PCT InternationalApplication Number PCT/US98/00800 and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any Pct international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/>	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>	

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DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name OR	SHERIDAN ROSS P.C.	Customer Number or label	
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List attorney(s) and/or agent(s) name and registration number below:

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BLAKELY, TODD P.	31,328	SWARTZ, DOUGLAS W.	37,739
CONNELL, GARY J.	32,020	KUGLER, BRUCE A.	38,942
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Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name	Alan	Middle Initial		Family Name	BERRY	Suffix e.g. Jr.	
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Inventor's Signature

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Post Office Address

City	Bloomfield	State	New Jersey	Zip	07003	Country	USA	Applicant Authority	
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Additional inventors are being named on supplemental sheet(s) attached hereto.

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ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name	Richard			Middle Initial	P.	Family Name	BURLINGAME		Suffix e.g. Jr.					
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name	James			Middle Initial	R.	Family Name	MILLIS			Suffix e.g. Jr.				
Inventor's Signature							Date							
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.				
Inventor's Signature							Date							
Residence City				State			Country			Citizenship				
Post Office Address														
Post Office Address														
City				State			Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.				
Inventor's Signature							Date							
Residence City				State			Country			Citizenship				
Post Office Address														
Post Office Address														
City				State			Zip			Country			Applicant Authority	

[] Further applicants and/or (further) inventors are indicated on another continuation sheet

Form PCT/RO/101 (continuation sheet)(July 1998)(form duplicated by Sheridan Ross P.C.-jmm)

See Notes to the request form

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ADDITIONAL and/or AGENT INFORMATION Supplemental Sheet

Name	Registration Number	Name	Registration Number
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